

# DOA PERSONNEL PROFILE UPDATE

TO BE COMPLETED BY EVERY EMPLOYEE

Please complete this form and return to your Department/Division Human Resources Office. This information will be maintained only in personnel files, which must be kept confidential under State law. The purpose of the information is to evaluate our efforts to have a representative workforce.

<b>DATE:</b>	<b>DIVISION:</b>
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<b>NAME:</b>	<b>LAST 4 DIGITS OF SS #:</b>
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## RACE

- ☐ White (Non-Hispanic/Latino)
- ☐ Black or African American (N-H/L)
- ☐ Asian (Non-Hispanic/Latino)
- ☐ American Indian or Alaskan Native (N-H/L)
- ☐ Native Hawaiian or other Pacific Islander (N-H/L)
- ☐ Two or more Races (Non-Hispanic/Latino)
- ☐ Hispanic/Latino

## SEX

- ☐ Male
- ☐ Female

## DISABILITY

A disability is any physical or mental impairment which substantially limits one or more major life activities. A person with a disability is one who: (i) has such an impairment; (ii) has a record of such an impairment; or (iii) is regarded as having such an impairment. The reporting of a disability is voluntary.

- |  |   |
|--|---|
| A <input type="checkbox"/> None/Prefer not to report           | D <input type="checkbox"/> Loss or limited use of arms and/or hands |
| B <input type="checkbox"/> Blind or severely visually impaired | E <input type="checkbox"/> Other: _____                             |
| C <input type="checkbox"/> Deaf or severely hearing impaired   |   |

## VETERANS

Are you a Veteran?

A veteran with an honorable discharge who serviced on active duty between August 5, 1964 and May 7, 1975 is considered a Vietnam Era veteran.

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ☐ PROTECTED VETERANS

- ☐ Special Disabled Veteran
- ☐ Vietnam Era Veteran
- ☐ Other Protected Veteran
- ☐ Recently Separated Veteran
- ☐ Armed Forces Service Medal Veteran
- ☐ Disabled Veteran

☐ Not a Protected Veteran

☐ Non-Veteran

## Additional Veteran Status

- ☐ Separated
- ☐ Retired

## State Statute

- ☐ Spouse of disabled veteran
- ☐ Spouse or surviving dependent of deceased veteran

## Disability

Please indicate disability status in section above

## MILITARY STATUS

- |   |   |
|---|---|
| <input type="checkbox"/> Inactive Reservist | <input type="checkbox"/> Retired Reservist  |
| <input type="checkbox"/> Active             | <input type="checkbox"/> Drilling Reservist |